

CHOICE TRANSPORTATION CREDIT APPLICATION

6160 Wilderness Ave, Riverside, CA 92504

Office: 951-351-7766 Fax: 951-351-2442

**BUSINESS INFORMATION**

Name of Business:		
Legal (If Different):		
Current Address:		
City:	State:	Zip:

DESCRIPTION OF BUSINESS

<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship	In Business Since:
Name of Parent Co.	Credit Limit Requested \$

COMPANY PRINCIPALS

Name:	Title:
Name:	Title:
Name:	Title:

BANK REFERENCES

Name of Bank:	Branch:	Acct #:
Address:		
City:	State:	Zip:
Phone:	Fax:	Contact:

TRADE REFERENCES

Business:	Phone:	Contact:
Business:	Phone:	Contact:
Business:	Phone:	Contact:

CONFIRMATION OF ACCURACY & AUTHORITY TO VERIFY

I hereby certify that the information in this credit application is correct. The information included in this application is for use by Choice Transportation LLC in determining the amount and conditions of credit to be extended. I hereby authorize the bank and trade references listed to release the information necessary to assist Choice Transportation LLC in establishing a line of credit.

Signature_____
Title_____
Date